

No. <b>W 12322</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than Jun 30, 2011</b> <b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> HOODOO RESOURCES, LLC W. R. LEMKE 5120 W OVERLAND RD #209 BOISE ID 83705-2680 USA	2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) W R LEMKE 5120 W OVERLAND RD #209 BOISE ID 83705  3. <u>New</u> Registered Agent Signature.
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<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>						
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City</b>	<b>State</b>	<b>Country</b>	<b>Postal Code</b>
Manager Member (circle one)						
<input checked="" type="radio"/>	W. R. Lemke	5120 W. Overland Rd #209	Boise	Id	USA	83705
<input type="radio"/>	T. M. Lemke member	5120 W. Overland Rd #209	Boise, ID	USA	83705	

5. Organized Under the Laws of:  <div style="text-align: center;">IDAHO W 12322</div>	6. Signature: <u>W. Robert Lemke</u> Date: <u>6-16-2010</u> Name (type or print): <u>W. Robert Lemke</u> Title: <u>Manager</u>
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### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Circle either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note: Do not** put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. Be sure to include the title for each name listed.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

**\*\* The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the Limited Liability Company is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at [www.sos.idaho.gov](http://www.sos.idaho.gov). However, if no timely annual report is filed, administrative action will be taken, at no cost to the Limited Liability Company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

*POSTMARK DATES WILL NOT BE ACCEPTED*